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Borough of Louth



Annual Report

OF THE

MEDICAL OFFICER OF HEALTH

FOR

The Year 1956

**T. B. WIGGEN AND SON, LTD.
THE PRINTERIES
LOUTH**

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BOROUGH OF LOUTH

1956—57

Chairman of the Council :

MAYOR

Alderman A. E. Maxey, J.P.

DEPUTY MAYOR

Alderman W. R. BURR

PUBLIC HEALTH COMMITTEE

Chairman :

Alderman W. R. Burr

Vice-Chairman :

Councillor W. Patchett

Alderman T. Freer

Alderman B. G. Gibson

Councillor J. H. Annall

Councillor R. M. Cross

Councillor Miss A. E. Hardy

Councillor F. R. Macdonald

Councillor R. Morton

Councillor N. J. Nicholson

HOUSING AND SLUM CLEARANCE COMMITTEE

Chairman :

Alderman J. H. Starsmore

Vice-Chairman :

Councillor Miss A. E. Hardy

Councillor J. H. Annall

Councillor R. H. Brackenbury

Councillor W. A. Dann

Councillor C. W. Dunham

Councillor R. Morton

Councillor H. E. Parratt

Councillor R. Wilkinson

Councillor J. T. Yates

To the Mayor, Aldermen and Councillors of the Borough of Louth.

I have the honour to present my annual report on the health and environmental services of the Borough for 1956, the production of which has been unusually delayed owing to the general pressure of work.

This annual review of the health situation in the Borough allows us to compare the vital statistics for the period with the antecedent years and with those for the country as a whole; though in dealing with a small population we must always expect certain yearly deviations to which undue significance need not be attached. In the comparison for the year, the standardised birth and death rates were slightly better than the national figures, but the still births and infant deaths compared unfavourably. Similarly, the ratio of birth to death rate locally at 15.3 : 13.6 was not so good as the previous year's ratio of 16.7 : 12.6. While one fights shy of trying to account for the reduction in the birth rate, it was apparent that the increase of deaths affected aged persons to the extent that 78% of the total deaths affected the groups over the age of 65 years compared with 74% for the previous year. As a further indication of the changing structure of the population 56% of the total deaths were in people over the age of 75 years.

The causes of death followed the pattern expected in death certificates of the aged of both sexes, comprising mainly heart and circulatory diseases, with a diminution in the number from malignant causes, of which 3 out of the latter total of 17 were due to carcinoma of the lungs. Only one of the deaths in infants was due to causes other than congenital abnormalities.

Neither the acute infectious disease nor the tuberculosis table calls for any comment because of the satisfactoriness of both. The year was free from epidemics and the incidence of reported infections in general was remarkably low. It was pleasing to note the continued active response to prophylactic treatment against the diseases for which it has been made available, with the exception of small pox. Vaccination against this disease, for one reason or another, has lapsed alarmingly in the past generation or so to cause much concern to public health authorities. One welcomed the addition of poliomyelitis to the list of diseases for which control measures became available by vaccination, and applauded the hearty response to treatment at a time when the medical profession did not speak with an united voice. Tuberculosis may shortly also join the ranks of infections subject to vaccination control, and when it happens, this country will only be falling into line with many others which have long reaped the benefits of its worth in prevention.

Mention of the environmental services immediately brings to mind the question of slum clearance and food hygiene, because of the increased powers and stimuli provided by recent legislation to deal with them. Comments on both subjects are contained in the body of the report, and so far as slum clearance is concerned, one can only pose the question "What progress has been achieved or promised"? With the efforts directed to implementing the Food Hygiene Regulations, which came into operation at the beginning of the year, the position was different, because the progress depended almost entirely on the amount of time the inspector working single-handed could devote to the duties, in the light of so many other current urgencies. It must not be thought that the improvements briefly listed in this report followed automatically from the service of the official or simplified copies of the Regulations to the traders. Almost every premises provided its own particular problem about the means of conforming to requirements for which the best practical solution had to be found, and the result followed up; and since some 210 premises came within the scope of the Regulations, it was found possible only to devote detailed attention to certain types of business during the year.

The other environmental services, with the exception of the investigation into the sewerage system and the reconstruction of the sewage disposal works, remained clear of the limelight, which was a sufficient tribute to their successful working.

I am pleased to have the opportunity of expressing my indebtedness to the public health inspector and all the other officers for their valued assistance during the year. Mr. Brocklebank has had a busy time dealing with the multiple duties of his department but the appointment of an additional public health inspector, due to take up duty after the end of the year, will help to distribute the load and allow him suitably to re-organise the scheme of work. I thank Mr. Brocklebank for supplying me with details of the work in his department which I have freely made use of in the production of this report and for the information kindly applied by the County Medical Officer.

On the encouragement and goodwill of the relevant Committees the success of the routine work largely depends, and I am grateful for the co-operation and courtesy which have always been graciously accorded by the Chairman and members of the Public Health and other Committees.

W. J. KERRIGAN,

Medical Officer of Health

Louth ; October, 1957

BOROUGH OF LOUTH

Public Health Officers :

Medical Officer of Health :

W. J. KERRIGAN, M.B., B.Ch., B.A.O., L.M., D.P.H.

Public Health Inspector, Meat, Milk and Dairies Inspector :

J. A. H. BROCKLEBANK, M.I.S.A., M.R., San.I.

Surveyor :

J. C. BARBER, A.M., Inst.M.&CyE.

Meat Inspector :

J. W. BEAUMONT, M.R.C.V.S.

(Resigned 31st March, 1956)

SECTION A

Social Conditions and General Statistics.

Area of Borough in Acres	...	...	2,812
Registrar General's estimated mid year Home Population	...	...	11,430
Density per acre	...	...	4.06
Number of Inhabited Houses at the end of 1956	...	...	3,795
Rateable Value of Inhabited Houses	...	...	£75,410
Estimated Product of Penny Rate	...	...	£550

VITAL STATISTICS

(Note—Figures in brackets show corresponding rates for England and Wales).

Births

(a)	LIVE	Total	Male	Female
	Legitimate	163	81	82
	Illegitimate	12	6	6
		175	87	88
(b)	STILL			
	Legitimate	6	4	2
	Illegitimate	—	—	—
		6	4	2

Actual live birth rate per 1,000 of estimated population	15.31
Standardised birth rate for comparative purposes (Comparability factor 1.04)	15.92 (15.6)
Still birth rate per 1,000 of estimated population	0.53 (0.37)
Still birth rate per 1,000 of live and still births	33.15 (23.0)

Deaths	Total	Male	Female
	156	68	88
Crude Death Rate per 1,000 estimated population			13.65
Standardised death rate for comparative purposes (Comparability factor 0.84)		11.5	(11.7)
Deaths from maternal causes		NIL	
Deaths from Infectious Diseases		1	
Deaths of Infants under 12 months old :			
(a)	Cases	Male	Female
Legitimate	5	2	3
Illegitimate	—	—	—
(b) Deaths of Infants under 4 weeks old :—			
	Cases	Male	Female
Legitimate	4	2	2
Illegitimate	—	—	—
Causes of Infants deaths :		Male	Female
Pneumonia, Atelectasis, Prematurity		—	2 days
Hydrocephalus—Congenital abnormalities		—	1 day
Atelectasis		5 days	
Atelectasis		10 minutes	—
Whooping Cough		—	5 months
Death Rate of Infants per 1,000 related live births		28.6	(23.8)

Ages at Death.

Ages in Years	0/1	1/5	5/15	15/25	25/35	35/45	45/55	55/65	65/75	75/85	85+	Total
Deaths	5	—	—	—	—	8	4	18	33	57	31	=156

Deaths from Malignant Neoplasms.

Ages in Years	Under 40	40/45	45/50	50/55	55/60	60/65	65/70	70/75	75+	Total
Cases	1	3	—	—	1	3	4	2	3	=17

Anatomical Sites of Malignant Neoplasms.

	Male	Female
Stomach	1	2
Lung, bronchus	2	1
Breast	—	2
Other sites	5	4
	8	9

Causes of Death		Males	Females
1.	Tuberculosis of Respiratory System	—	2
2.	Tuberculosis—other	—	—
3.	Whooping Cough ...	—	1
4.	Malignant neoplasm—Stomach ...	1	2
5.	Malignant neoplasm—Lung, Bronchus	2	1
6.	Malignant neoplasm—Breast ...	—	2
7.	Other malignant and lymphatic neoplasms	5	4
8.	Leukaemia—aleukamia ...	—	1
9.	Diabetes ...	1	1
10.	Vascular Lesions of nervous system	5	11
11.	Coronary disease, angina ...	10	9
12.	Hypertension with heart disease ...	1	2
13.	Other heart disease ...	12	14
14.	Other circulatory disease ...	8	14
15.	Pneumonia ...	3	5
16.	Bronchitis ...	5	4
17.	Other diseases of respiratory system	2	—
18.	Ulcer of stomach and duodenum	1	1
19.	Gastritis, enteritis and diarrhoea	—	1
20.	Nephritis and nephrosis ...	2	—
21.	Congenital malformations ...	—	1
22.	Other defined and ill defined diseases	9	9
23.	Motor vehicle accidents ...	—	—
24.	All other accidents ...	1	3
		68	88

SECTION B

General Provisions of Health Services in the Area Laboratory Facilities.

The Lincoln Public Health Laboratory dealt with all the sample and specimen examinations, except the limited number of chemical analyses required, and continued to give the valuable co-operation which was accorded in previous years.

The total of sample and specimen examinations done by the laboratory was 140.

Treatment Centres and Clinics.

Below are given details of the services provided by the Lindsey County Council and the Regional Hospital Board towards meeting local needs in the preventive and treatment branches of medicine.

In addition to the clinic provisions, the County Council controls the services in the area relating to school health, maternity and child welfare. mental health, vaccination and immunisation, ambulances, as well as the duties connected with health visiting, home nursing, home midwifery, and home helps.

Prevalence of and Control over, Infectious and other Diseases.

Infectious Diseases other than Tuberculosis notified during 1955

Disease	Cases Notified	Case rates per 1,000 of estimated population	
Scarlet Fever	5	0.44	(0.74)
Measles	5	0.44	(3.6)
Dysentery (Sonnè)	4	0.35	(1.09)
Poliomelitis (Paralytic)	—	—	(0.04)
„ Non Paralytic	2	0.17	(0.03)
Puerperal Pyrexia	1	+ 5.52	+ (16.24)
Ophthalmia Neonatorum	1	0.09	(0.03)
Total	18	+ per 1,000 Total (Live and Still) Births	

Like the antecedent year, it was a year entirely free from epidemics and with a general very low infectious disease incidence. The small number of scarlet fever cases occurred in isolated and unrelated circumstances, while the measles cases notified at the end of summer did not herald the general outbreak of the disease which was expected at the time. Fortunately, the two cases of poliomyelitis, affecting a child and an adult, were unaccompanied by paralysis. The cases of sonnè dysentery came to light as notifications from hospitals as the result of routine clinical investigation. The small number of notifications of this and kindred types of infections, which are mainly spread by the lack of, or insufficient, attention to the hygienic handling of food gives a very false impression of their actual incidence. Experience shows that sporadic outbreaks of gastro-enteritis are common enough happenings for which the victims appear to seek medical aid only in unusual or delayed circumstances; so for one reason or another, the opportunity for timely investigation is seldom afforded. It does sometimes happen, as was the case in two such investigations made during the year, that the cause of the trouble remained unsolved, but the effort was very much worth while by providing occasions for suitable propaganda.

One is glad to note the absence of some of the more familiar infections from the year's list. This is the second consecutive year without a notification of whooping cough, but it is yet too early to draw any conclusions about the influence of vaccination on the disease, particularly as a large number of immunes would be expected following the brisk outbreak of the disease three years ago.

Prophylaxis Measures against Diphtheria, Whooping Cough and Smallpox.

Diphtheria, Whooping Cough Immunisation and Vaccination against Smallpox.

(a) Diphtheria Immunisations

Under 5 Years	5-14 years	Booster Doses
9 (46)	23 (20)	220 (158)

(b) Whooping Cough Immunisation (under 5 years)

Under One	One	Two	Three	Four	Total
—(1)	—(4)	—(3)	—(3)	1(5)	1(16)

(c) Combined Diphtheria & Whooping Cough Immunisations (Under five years)

Under one	One	Two	Three	Four	Total
86 (76)	37 (26)	2 (6)	5 (4)	1 (2)	131 (114)

(d) Anti Smallpox

Ages in years	0/1	1/4	5/14	15+	Total
(a) Primary Vaccinations	52 (54)	7 (7)	6 (5)	9 (11)	74 (77)
(b) Re-vaccinations	—	1	—	7 (3)	8 (3)

Diphtheria Immunisation.

From the above numbers, supplied by the kindness of Dr. C. D. Cormac, County Medical Officer of Health, it can be seen that 140 children under the age of 5 years, and 23 in the over 5 year age group, were immunised against diphtheria. In addition, 220 booster doses were given to children either before starting school or at the beginning of school life.

The figures compare favourably with the very satisfactory ones of the previous year, which were respectively 160, 20, and 158.

One was glad to notice that the bulk of the primary treatment was given at the optimum time when the babies were under 1 year old, thus conferring protection from the earliest period of risk. Similarly, the splendid response to boosting the waning resistance before, or at the time, the child entered the community life of the school is in sensible accord with recommendations. It is a most important matter for parents to “stoke-up” the child’s resistance at school entrance by availing of the booster injection.

Whooping Cough.

The number of vaccinations against whooping cough at 132 was almost the same as the previous year, and 123 of these were given before the second birthdays. Considering the all too familiar experience parents have of this disease, it is surprising that any baby is denied the protection expected from the vaccination.

This vaccine can, of course, be given in combination with others, particularly with diphtheria antigen, if so desired, in the interest of reducing the total number of injections.

Small Pox.

This remained the black spot. Year by year there is little improvement in the number of children protected against this most dreaded of all infections by public health authorities. It seems strange to think that at the beginning of the century, when travel was mainly an inter-parish affair, it was unusual to find a person without a vaccination scar, but now when international travel is commonplace and the risks considerably increased, so few children are found to be protected.

The Minister of Health in recent years has urged medical officers to inform the public of the risks to which the unvaccinated population are exposed in spite of all the anxious precautions taken about the admission of people and goods from suspected countries. In previous reports I mentioned both the immediate and the long term advantages of having the simple procedure of small pox vaccination carried out in babyhood, because it is not an outmoded custom as some would hopefully have us believe, but a very important precautionary measure of health safety.

Poliomyelitis.

One of the outstanding medical events of the year was the introduction of vaccination measures on a national basis against this parental-dreaded disease. Although the effort resulted in little more than a modest gesture because of the vaccine limitation, it gave promise of the great results that could be expected towards stamping out the disease when vaccine production would meet demands. In passing, one could not but feel sorry at the time for parents who were faced with a decision in an atmosphere of conflicting opinions, some of which owed little to an understanding of the facts. It quickly became realised that any alarmist views about the employment of the vaccine were groundless and ample evidence of its efficacy was available from countries with wide experience of its use.

Tuberculosis : New Cases and Mortality during 1956

Age period (years)			New Cases				Deaths			
			Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
			M	F	M	F	M	F	M	F
0	...	...						
1	...	...						
5	...	...	1		1					
15	...	...						
25	...	...	1	3						
35	...	...	1					1		
45	...	...	1							
55	...	...	1					1		
65+	...	...	1							
Totals			6	3	1	—	—	2	—	—

The number of notifications of pulmonary cases exceeded the previous year by 3, but the number included three old cases which had lit up after the period of arrest of the disease and thus required re-notification.

It is interesting to note that only one primary notification of pulmonary disease occurred under the age of 25 years, whereas, last year all the notifications were in this grouping.

In the single case of non-pulmonary disease no reason was found to attribute the cause to infected milk.

The same number of deaths was recorded as in the previous year.

Greater efforts are being made, though still far from adequate, to check the incidence of tuberculosis. Ascertainment is assisted by mass radiography and vaccination is offered, and usually accepted, where its use is indicated to give protection to child contacts of infectious parents. It is expected that a general scheme of vaccination against the disease will be offered at a later date to certain of the older groups of children, because of their particular need to be protected before embarking on the wider spheres of life. Our Council can contribute to the preventive effort in a valuable form by improving the standard of housing, especially by the clearance of slum dwellings. We can be satisfied with the existing safety of milk retailed within our boundary.

Medical Inspection of School Children in the Borough Schools.

Below are shown (A) the number of children examined in the Borough Schools during the year, in the different age groups and the general classification of their nutritional standards under satisfactory or unsatisfactory headings and (B) the summary of defects found as a result of the examination of the children in the prescribed groups.

(a) Total number of children examined in Routine Groups.

	General Condition	
	Total	Unsatisfactory
Entrants	242	2
2nd Age Groups	167	3
Leavers	291	3
Total Prescribed Groups	700	8
„ Supervisory Examtns	566	
„ Special Examtns	27	
„ Examinations	1293	

(b) Summary of Defects (Periodic Inspections only)

Defect	Requiring Treatment	Requiring Observation
Eyes		
(a) Defective Vision	25	25
(b) Squint	—	14
(c) Other	1	2
Ears. (Hearing)	—	1
Nose and Throat	3	17
Speech	—	2
Lymphatic Glands	—	1
Heart	1	1
Orphopaedic		
(a) Feet	3	5
(b) Other	1	—
Nervous System (Epilepsy)	—	1
Lungs	—	7
Psychological		
(a) Development	—	3
(b) Stability	—	1
Totals	34	80

Removal of Persons in need of Care and Attention.

Under Section 47 (1) of the National Assistance Act 1948 and the Amendment Act 1951, the Council has power to apply for an Order to effect the removal to a suitable institution of a person who, in certain specified cases, is in need of care and attention which he is unable to provide for himself, and is not receiving.

This statutory measure undoubtedly has its uses, but a medical officer of health will thoroughly explore every other possible solution for a problem case before recommending its adoption as a necessary step. During the year, some five cases coming under this heading were dealt with, fortunately without having to go through the grim routine of applying compulsory removal.

SECTION C

Sanitary Circumstances in the area

Water Supplies.

It gives great satisfaction to be able to report that all the samples taken from the distribution points during the year, totalling 73, were highly satisfactory from bacteriological standards, as were the samples taken from the Horncastle Road reservoir. Those collected from the "wells" at the Hubbards Hills pumping station before treatment showed the expected contaminant variation which, however, has been of comparatively minor degree since the measures previously advised here were carried out. With a view to protecting the wells from other possible sources of contamination, certain alterations and repairs to the roof and sides of the structure were advised, but the execution of the work was temporarily shelved.

The number of dwellings remained at 17 whose supplies were obtained from private sources and, except perhaps in one or two instances, they are unlikely to be connected to the public mains because of the difficulties and costs involved.

It is regrettable that consent has not yet been obtained from the Ministry for the scheme proposed for the filtration and softening of the supply from the Raithby source.

Swimming Baths.

Frequent routine checks carried out during the seasonal period of use of the baths showed that the chlorination was satisfactory, which was the equivalent of a guarantee of the bacteriological purity of the bath water. All eleven samples of the water taken after various stages of use confirmed the safety of the water by bacteriological standards.

Drainage and Sewage

Closets.

Number of houses with water closets	3780 (approx.)
Number of houses with pail closets	30
Number of houses with privy vaults	13
Dry conversions during the year to water closets	6

In the past 10 years the number of dry closets has been whittled down from 80 (39 pails + 41 privies) to 43 (30 + 13.)

Cesspools and Septic Tanks.

Number emptied and cleaned	1
Number abolished	Nil

Sewerage and Sewage Disposal.

The Borough Surveyor reported briefly on these matters as follows :—

“ Investigations of the whole of the sewerage system were completed during the year together with recordings of the maximum and minimum flows. A considerable quantity of infiltration water into the sewers has been proved and additional surveys will be necessary to ascertain the sources of infiltration.

Messrs. W. H. Kadford & Son have been appointed consultants to the Corporation and they are now particularly engaged in the designs for the reconstruction of the sewage disposal works.”

House Refuse.

Weekly collection was maintained at the satisfactory level of other years for households, shops and institutions. The disposal of the refuse was by controlled tipping at the London Road site and no difficulties were reported.

Miscellaneous.

(a) Disinfection and disinfestation of rooms and contents.

Number of premises and bedding disinfected	2
Number of premises disinfested	4

(b) Nuisances.

Details of the number abated during the year :—

Refuse	4
Foul ditches, ponds and stagnant water	1
Drainage	30
Poultry and animals	3
Dangerous premises	5
Miscellaneous nuisances	24

(c) Atmospheric pollution.

Nuisances from factory chimneys	2
Abated	1

(d) **Rodent Control.**

Mr. Brocklebank reported that 343 premises were inspected during the year for the presence of rats and mice. Of these, infestations were found in 100 cases, of which 65 were dwelling houses, and the remainder shops and warehouses. Rat infestation was the more common trouble as only 16 of the number were treated for mice. Additional surveys and treatments were carried out of sewer manholes during the spring and autumn.

One is glad to record that the Council decided towards the end of the year to employ the rodent operative full time in his technical capacity, thereby taking him out of the category of spare time man who would be liable to be employed in work of lesser importance. This makes it possible to devote more thorough attention to phases of the duties which hitherto could not be undertaken, and at the same time, it will allow the operative to take a responsible interest in his work.

The public health inspector mentioned the advantages which have resulted from the Council's decision to provide free treatment of rodent infestation in dwelling houses by bringing to light cases which otherwise would not be reported. This also facilitates larger scale treatment in infested block property.

(e) **Shops Act 1950.**

Inspections	5
Contraventions	Nil

FACTORIES ACTS, 1937 and 1948.

1. Inspections.

For purposes of provisions as to health (including inspections made by Sanitary Inspectors).

Premises	No. on Register	Number of		
		Inspections	Written Notices	Prosecution
(1) Factories in which Sections 1, 2, 3, 4 and 6, are to be enforced by Local Authorities	11	7	1	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority	106	46	6	—
(3) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	—	—	—	—
Totals	117	53	7	—

2. Defects found.

Particulars	Number of cases in which defects were found			
	Found	Remedied	Referred	
			To HM Inspector	By HM Inspector
Want of Cleanliness	1	1	—	—
Sanitary Conveniences:-				
(a) Insufficient	2	2	—	1
(b) Unsuitable or defective	4	4	—	2
Total	7	7	—	3

3. Outwork.

Nature of work	No. of outworkers from returns submitted	Contraventions
Nil	Nil	Nil

SECTION D.

Housing.

Total number of new houses erected during the year.	24
(1) By the Local Authority	Nil
(2) By other Local Authorities	Nil
(3) By other bodies or persons	24
(1) Inspection of Dwelling Houses during the year.	
(a) Total number of dwelling houses inspected for housing defects (under Public Health or Housing Acts)	45
(b) Number of inspections made for the purpose	139
(2) Remedy of defects during the year without service of Formal Notices.	
Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their Officers	42
(3) Action under Statutory Powers during the year.	
(a) Proceedings under Sections 9, and 10 of the Housing Act, 1936 :-	
(1) Number of dwelling houses in respect of which notices were served requiring repairs	1

(2) Number of dwelling houses which were rendered fit after service of formal notices :—		
(a) By Owners	... ..	1
(b) By Local Authority in default of Owners	... ..	Nil
(b) Proceedings under Public Health Acts :—		
(1) Number of dwelling houses in respect of which notices were served requiring defects to be remedied	... ..	4
(2) Number of dwelling houses in which defects were remedied after service of formal notices :—		
(a) By owners	... ..	4
(b) By Local Authority in default of owners	... ..	Nil
(c) Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—		
(1) Number of dwelling houses in respect of which Demolition Orders were made	...	2
(2) Number of dwelling houses demolished in pursuance of Demolition Orders	...	1
(3) Number of dwelling houses subject to Undertakings or Closing Orders	...	4
(d) Proceedings under Section 12 of the Housing Act, 1936 :-		
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	... ..	1
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or rooms having been rendered fit	...	Nil
(e) Proceedings under Sections 25 and 26		
(1) Number of Clearance Orders made	...	6
(2) Number of dwelling houses demolished in pursuance thereof.	... ..	Nil
(4) Housing Act, 1936—Part IV—Overcrowding.		
(a) (1) Number of cases of overcrowding relieved during the year	... ..	2
(2) Number of persons concerned in such cases	... ..	17
		19

(b) (1)	Number of dwelling houses overcrowded at the end of the year	...	...	2
(2)	Number of families dwelling therein	...	...	2
(3)	Number of persons dwelling therein	...	...	14
(5) Housing Act, 1949.				
(a)	Number of houses for which applications for grants have been received	...	...	6
(b)	Number of houses subject to grant.	...	...	5
(6) Moveable Dwellings, Tents, Caravans, etc.				
(a)	Number of Site Licences	...	...	Nil
(b)	Number of individual Licences	...	...	14
(c)	Total number of caravans permitted under licences	...	...	14
(d)	Number of inspections during the year :—			
(1)	Sites	...	...	Nil
(2)	Dwellings	...	...	25
(e)	Number of contraventions remedied	...	...	2

Housing.

Unfortunately, one has to record the passing of another year without the prospect of a start having being made in housebuilding plans to meet the obligations of slum clearance. The six clearance areas represented at the end of 1955 went quickly and uneventfully through the administrative machinery in the absence of appeals by the property owners, and the Council was in process of acquiring the properties with a view to clearance and suitable re-development of the sites, when these would become practicable measures. Everything will now depend on the extent to which housebuilding can be speeded as a continuous process in order to make up the leeway in the programme of slum clearance. If much delay is anticipated in this direction, a review of the whole situation seems indicated, on orthodox or unorthodox lines, to improve the lot of the victims of the impasse.

There were no further areas officially represented for clearance during the year because it seemed pointless doing so when the main result of the proceedings would be loss of interest in the condition of the property by both landlord and tenant, which has the effect of rapidly quickening the pace of the deterioration. There has already been sufficient evidence of this without adding to the load until the prospects of active clearance become a nearer reality. Six individual houses, or parts of houses, were represented as unfit and, as the result of which, undertakings were accepted in two cases and four Closing Orders were made. One house was demolished during the year.

The year's total of applications for grants under the Housing Act, 1949, was only 6, of which 5 were approved. It seems strange that so few property owners appear to explore the possibilities of having the older type of houses modernised, or having the larger dwellings, in suitable cases, converted into flats through the financial encouragement offered by this legislation. This is a measure the advantages of which should be well publicised and its use encouraged as a means of giving a new lease of life to older houses, whether these are owner-occupied or let to tenants. It is unfortunate that improvement grants are so seldom sought for the latter type of property, but this fact should in no way restrict their application to owner-occupiers whose health and welfare are as important as other members of the community, and the condition of their dwellings equally a matter of Council concern. Indeed, this might be a fruitful field of activity for the Council to explore to assist housing and slum clearance needs, if suitable premises could be acquired and brought up to decent standards by improvement grants.

The public health inspector reported, in addition to those concerned with slum clearance, the inspection of 45 houses, as the result of complaints. In all cases, he succeeded in having the miscellaneous defects remedied by informal action, except in a single case which required the service of a formal notice. No serious overcrowding remained after two cases were relieved during the year.

SECTION E

Inspection and Supervision of Food.

Food Hygiene Regulations 1955.

These regulations came into operation on the first day of 1956 and efforts were concentrated towards seeing that the requirements were implemented. Copies of the Regulations, and simple summaries as they applied to each type of food trade, were circulated to individual traders, and in addition, full use was made of posters obtained free from the Central Council of Health Education for display purposes.

The following is an extract from the report of Mr. Brocklebank, the Council's public health inspector, on the inspections relating to this field of work.

"During the year, the greater part of the work relating to food hygiene was concerned with restaurant and cafe

kitchens, snack bars and other premises serving food, as well as bakehouses and butchers shops, as the initial priorities, but other shops and premises were visited as circumstances required and time permitted. Alterations and improvements carried out were concerned mainly with installations for providing constant supplies of hot water and the facilities for washing utensils and equipment and the workers' hands, as well as the provision of impervious, easily cleaned surfaces, for fittings with which food would come in contact.

The following works were carried out to comply with the Regulations, in 41 premises :-

- 14 Sinks provided for washing equipment.
- 18 Wash hand basins.
- 11 Water heaters fixed.
- 12 instances where benches and tables were fitted with impervious material.
- 3 Mechanical dish washing machines in catering premises.
- 34 Miscellaneous, viz :-
 - Cleaning and decorating,
 - improving, ventilation, etc.

At the end of the year 29 contraventions were outstanding and much routine inspection remained to be done, which will later doubtlessly reveal the same type of defects requiring attention."

The following gives a summary of visits made by the inspector to food premises during the year :-

Number in District		Inspections	Defects found	Defects remedied
Bakehouses	7	30	—	—
Meat Products	24	78	17	14
Ice Cream	49	5	—	—
Other food premises		175	104	78

Milk.

The supply, whether retailed from shops or delivered by roundsmen, consisted entirely of pasteurised or sterilized milk bottled at the depot, or raw tuberculin tested, though the amount of the later two types was relatively small.

Shop premises registered showed that 29 were licensed to sell sterilized milk and 7 pasteurized.

In view of the exsisting form of distribution, the need for supervision has, happily, been reduced to the minimum. Occasional samples were taken of the pasteurized milk to check the efficiency of the processing, and a small number of raw T.T. samples was subjected to biological tests under the County Council scheme.

Ice Cream.

This is another trading which at this stage of its maturity should require little supervision but the various mishaps that could occur do not permit of too much relaxation of attention.

The pressure of work in so many other fields did not allow of the usual number of sample examinations and visits to premises being done, and we hope the implied compliment to this trade will be found to be fully justified when the routine checks recommence.

We had one manufacturer and 48 retailers licensed to sell the commodity. Four samples only were taken which were all graded 1.

Meat Inspection.

Six private slaughterhouses were licensed as in the previous year.

Mr. J. W. Beaumont, M.R.C.V.S., resigned the post of meat inspector to the Council on the 31st March, after which date the public health inspector became responsible for the duties. This entailed regular inspection duty not only in the evenings but at the week ends, including Sunday, until temporary arrangements were made, pending the appointment of an additional public health inspector for relief duty at week ends. Thus, in spite of the strain imposed on the public health inspector until week-end relief was made available at the latter part of the year, 100% inspection of all animals slaughtered in the Borough was ensured throughout the year.

The reports of the inspections and condemnations are shown below :-

Carcases and Offal Inspected and Condemned in whole or in part.

	Cattle excl'ding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known)	1472	109	82	4313	4518
Number inspected	1472	109	82	4313	4518
(a) All diseases except Tuberculosis					
Whole carcases condemned	9	10	3	48	14
Carcases of which some part or organ was condemned	126	16	4	15	137
Percentage of the number inspected affected with disease other than tuberculosis	9%	23%	8%	1.5%	3.3%
(b) Tuberculosis only					
Whole carcases condemned	7	4	—	—	3
Carcases of which some part or organ was condemned	44	15	1	—	48
Percentage of the number inspected affected with tuberculosis	3.5%	17%	1%	—	1.1%
(c) Cysticerosis					
Carcases of which some part or organ was condemned	2	—	—	—	1
Carcases submitted to treatment by refrigeration	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

Other Foods Condemned.

The following foodstuffs were condemned as being unfit for human consumption and disposed of by being buried in the controlled tip :—

Meat	46 cans
Fruit	242 „
Vegetables	46 „
Fish	5 „
Milk	80 „
Sweets	56 lbs.

